DEPARTMENT OF THE ARMY
OFFICE OF THE SURGEON GENERAL
5109 LEESBURG PIKE
FALLS CHURCH VA 22041-3258

REPLY TO THE ATTENTION OF

DASG-PSZ-MG

7 March 2003

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Graduate Medical Education (GME) Administrative Guidance Regarding GME Selectees Notified of Deployment

1. Reference SGPS-EDM memorandum dated 2 March 1992, and 1st Endorsement HSPE-MO, dated 14 May 1992, Subject: Graduate Medical Education (GME) Mobilization Plan, which are enclosed. The referenced deployment plan and endorsement regarding non-deployment of physicians in GME training remain in effect. This memorandum provides administrative guidance regarding Medical Corps (MC) officers who have been selected for GME to begin in July/August 2003 and are notified of pending deployment or are deployed. Selectees who have not been notified for deployment or deployed may proceed to begin their scheduled GME training pursuant to orders.

2. Individuals selected for GME who have not entered training may be ordered to deploy and must comply. However, their GME selection remains valid. Those selected for GME who are notified of deployment or deployed must immediately notify Ms. Dee Pfeiffer, GME Program Manager at Dee.Pfeiffer@otsg.amedd.army.mil . The email should include the anticipated return date and the name, telephone number, and if possible, email address of the individual with power of attorney who is authorized to sign an amended GME contract and active duty service obligation (ADSO) memorandum in the event that a change in the GME start date is necessitated. The power of attorney information is absolutely necessary if the GME contract and orders require modification. If email is accessible during deployment, the officer must provide updates regarding the status of their return.

3. The GME Office, Office of The Surgeon General (OTSG), will monitor the status of all affected individuals. As in the past, all reasonable efforts will be made to allow selectees to enter training as scheduled. The GME Office will notify the appropriate program director and coordinate a new start and end date of training for officers who are delayed from entering training on their scheduled start date. This office will also advise the U. S. Total Army Personnel Command (PERSCOM) of any required modifications to the GME contract. The Personnel Command will prepare an adjusted ADSO memorandum and amendment to the GME orders. Those selected should be aware that delays in entering training could affect a trainee's availability for their specialty board examination upon completion of training.

4. Active duty Medical Corps faculty may be also deployed. Program requirements and educational standards must continue to be met. Programs and institutions are encouraged to develop agreements with local civilian faculty and programs to maintain educational quality. If program directors feel they have no alternative but to request inactive status from the Accreditation Council for Graduate Medical Education, they should notify the GME office, OTSG to coordinate disposition of trainees.

5. My point of contact for this issue is Ms. Dee Pfeiffer, Chief, GME Division. She can be reached at DSN 761-4804.

FOR THE SURGEON GENERAL:

Encl

ERIC B. SCHOOMAKER
Brigadier General, MC
Chief, Medical Corps

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US FORCES COMMAND, FT MCPHERSON, GA 30330-6000
18th MEDICAL COMMAND, APO AP 96205-0054
USASOC, ATTN: AOMD, FT BRAGG, NC 28310
V CORPS, ATTN: CORPS SURGEON, UNIT 29355, APO AE 09014
US ARMY MEDICAL COMMAND, FSH, TX 78234-6100

CF:
COMMANDERS
USAMEDDC&S, FSH, TX 78234-6100
PERSCOM, ATTN: TAPC-OPH-MC, ALEXANDRIA, VA 22332

HSPE-MO (SGPS-EDM/Z Mar 92) (40) 1st End LTC Blakely/ts/
DSN 471-6655
SUBJECT: Graduate Medical Education (GME) Mobilization Plan

HQ, U.S. Army Health Services Command, Fort Sam Houston,
TX 78234-6000 14 MAY 1992

FOR Commanders, HSC MEDCENs/MEDDACs

1. We are forwarding the revised guidance from the Office of The Surgeon General addressing the use of GME students and faculty in the Professional Officer Filler System (PROFIS).

2. The only personnel exempted from PROFIS are GME students and GME Course Directors. All other GME faculty are eligible for inclusion in the PROFIS.

3. Our point of contact is LTC Blakely, Personnel Operations Branch, Military Personnel Division, Office of the Deputy Chief of Staff for Personnel, DSN 471-6655.

FOR

ALCIDE M. LANOUE
Major General, MC
Commanding

DEPARTMENT OF THE ARMY
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5109 LEESBURG PIKE
FALLS CHURCH, VA 22041-3258

REPLY TO ATTENTION OF

SGPS-EDM

2 MAR 1992

MEMORANDUM FOR COMMANDER, U.S. ARMY HEALTH SERVICES COMMAND, FORT SAM HOUSTON, TX 78234-6000

SUBJECT: Graduate Medical Education (GME) Mobilization Plan

1. References.

a. Memorandum, DASG-PTM, 21 Aug 90, subject: Reserve Components (RC) Personnel Participating in Army Medical Department (AMEDD) Procurement Programs.

b. Memorandum, DASG-PTM, 16 Nov 90, subject: Reserve Components (RC) Personnel Participating in Army Medical Department (AMEDD) Procurement Programs.

c. Memorandum, DASG-PTM, 20 Nov 90, subject: Reserve Components (RC) Personnel Participating in Army Medical Department (AMEDD) Procurement Programs.

d. Memorandum, SGPS-CP, 3 Dec 90, subject: Guidance for the Employment of GME Pool as Primary Care Providers for European Backfill.

e. Memorandum, DASG-PTM, 25 Jun 91, subject: Recommended Changes to AR 135-7 (Incentive Programs).

f. Memorandum, DASG-PTM, 25 Jun 91, subject: Recommended Changes to AR 140-10 (Assignments, Attachments, Details, Transfers).

2. Recent experience with Operation Desert Storm (ODS) has demonstrated that Army GME can be sustained in the face of significant mobilization and the accompanying diversion of staff physicians to support the war effort. Conventional wisdom had held that with full mobilization GME would cease and that with lesser demands GME would continue to the extent possible based on the commander's assessments of capability. This is in fact what occurred but because of varying and uneven application of this "policy" there was a lack of uniformity resulting in major disruption of some training programs while others were virtually untouched.

3. The following policy is established for active component GME participants in contingency situations short of full mobilization.

a. Regardless of the level of emergency, those trainees in their PGY-1 are exempt from deployment.

Rationale: PGY-1 trainees must function under direct supervision and are unable to practice medicine independently. Their presence in a combat situation would represent a liability, not an asset.

b. Trainees PGY-2 and beyond, including volunteers, will not be included on PROFIS rosters.

c. Trainees PGY-2 and beyond, that are in fully or partially funded civilian training programs will continue to be assigned to the AMEDD student detachment during contingency situations short of full mobilization. These individuals will not be removed from their training programs unless approved by The Surgeon General.

Rationale: Based on ODS experience, it is expected that short of full mobilization the peacetime health care mission will continue and that contingency plans will call for most, if not all, major teaching hospitals to be designated as sites to receive casualties. Together the combined missions outstrip the capability of the Reserves, particularly as currently configured and require the continued presence of housestaff. In addition, regardless of the duration of the conflict, the demand on Army GME to provide graduates to meet future needs will continue unabated. Since the overall needs of the Army are best met by producing the greatest number of fully trained physicians in the shortest time, even trainees who would like to volunteer for PROFIS positions should not be included.

d. For those training hospitals where the demand for mobilization designees exceeds available staff, MSC will continue to utilize procedures that are currently in place which provide for PROFIS fillers from regional assets.

Rationale: Particularly in the teaching community hospitals, the number of fully trained physicians is inadequate to meet the full PROFIS mission. In order to avoid including trainees or completely depleting teaching staffs, other physicians either in or out of the region are identified.

e. Trainees may be employed on a short-term basis (less than 90 days) to backfill positions vacated by mobilization. Fellows should be utilized before residents.

Rationale: In general, non-interventional fellowships are more flexible in structure accommodating brief absences with minimal disruption. This is facilitated by an increasing emphasis on dedicated research time. Since fellows are fully trained, no requirement for supervised practice in their primary specialty exists. Residents should only be utilized provided such time can be absorbed during elective periods or with minimal extensions of training and provided appropriate supervision can be ensured.

f. Each training program should have its own contingency plan to support continuity in anything less than full mobilization. Positions excluded from the PROFIS roster should be standardized as much as possible, at least among training programs of the same specialty.

Rationale: The continuation of training is generally dependent on the presence of one or more key individuals who are irreplaceable in the short-term. These individuals, one of whom usually would be the program director, should not be mobilization designees. To the maximum extent consistent with accomplishing the readiness mission, an adequate number of other teaching staff should be excluded from PROFIS to permit continued conduct of the training program. Plans should also incorporate all available resources to fill other staff vacancies including use of civilian consultants, staff from affiliated universities, and specific IMA reserve physicians whose availability can be assumed for planning purposes.

g. Commanders of MSC teaching hospitals will report anticipated deployments that could possibly cause a particular program to be placed on probation to Commander, U. S. Army Health Services Command, ATTN: HSCL-C, Ft. Sam Houston, TX 78234-6100 who will in turn inform USAHPSA, ATTN: SGPS-EDM, Falls Church, VA 22041-3258 of actions taken.

Rationale: Commander MSC and OTSG must be made aware of potential problems in order to ensure that timely coordination is made with professional reviewing agencies.

4. The following policy is established for AMEDD officers that are members of the Reserve and National Guard, and are participating in GME training programs during contingency situations short of full mobilization, to include the presidential call-up authority (200K).

a. All MC specialties. U.S. Army Reserve (USAR) Medical Corps officers in residency programs will not be mobilized under the Presidential Call-up authority (200K).

SGPS-EDM
SUBJECT: Graduate Medical Education (GME) Mobilization Plan

b. Army National Guard (ARNG) medical corps officers who wish to participate as a member of Selective Reserve (TPU/IMA) while they are receiving stipends (residents) must sign a statement (included in their application packet) that they are fully qualified for the position to which they are assigned and can be mobilized under the presidential call-up authority (200K) in the Area of Concentration (AOC) which they are assigned.

c. Army Nurse Corps officers normally will be assigned to the Individual Ready Reserve (IRR) while receiving stipends and therefore will not be mobilized under the presidential call-up authority (200K). If they wish to participate as a member of the Selected Reserve while they are receiving stipends, they must sign a statement that they will be assigned and can be mobilized in an AOC for which they are qualified

d. Officers participating in STRAP will not be available to local commanders, or to Commander, ARPERCEN, in meeting mobilization cross-leveling requirements. USAR MC officers must be assigned to the IRR while receiving STRAP stipends.

Rationale: These officers in training are our margin for the future and should only be called if the mission cannot be met through other means.

5. It is fully realized that the above procedures will result in some degradation of service at MSC patient care facilities during the period between the deployment of PROFIS fillers and the arrival of USAR personnel. Utilization of the guidance provided above, and those procedures already in use by MSC, should minimize disruptions in services.

Frank Ledford

FRANK F. LEDFORD, JR.
Lieutenant General
The Surgeon General